

# **PART B - FEE(S) TRANSMITTAL**

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22204 7590 02/02/2011

NIXON PEABODY LLP  
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SUITE 900  
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|                    |
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| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/586,663      | 07/19/2006  | Shunpei YAMAZAKI     | 740756-2990         | 7342             |

**TITLE OF INVENTION:** SEMICONDUCTOR DEVICE, TELEVISION SET, AND METHOD FOR MANUFACTURING THE SAME

| APPLN. TYPE.   | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 05/02/2011 |

| EXAMINER          | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| ESTRADA, MICHELLE | 2823     | 438-151000     |

|  |  |   |
|--|--|---|
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b></p> | <p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> | <p>1 <u>NIXON PEABODY LLP</u></p> <p>2 <u>Jeffrey L. Costellia</u></p> <p>3 _____</p> |
|--|--|---|

3. **ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Semiconductor Energy Laboratory Co., Ltd.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Kanagawa-Ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

|   |  |
|---|--|
| <p>4a. The following fee(s) are enclosed:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee</p> <p><input checked="" type="checkbox"/> Advance Order - # of Copies <u>3</u></p> | <p>4b. Payment of Fee(s):</p> <p><input type="checkbox"/> A check in the amount of the fee(s) is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form).</p> |
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|--|----------------------------------|
| <p>(Authorized Signature) <u>/Jeffrey L. Costellia, Reg. #35483/</u></p> <p>(Typed or Printed Name) <u>Jeffrey L. Costellia</u></p>  | <p>(Date)</p> <p>May 2, 2011</p> |
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